



TRAFFIC VIOLATOR SCHOOL PROGRAM

**APPLICATION FOR CHANGE: TVS OPERATOR LICENSE**

- ☐ Change of School Name      ☐ Operator Name Change  
☐ Additional School DBA      ☐ Duplicate

**PRORATED FEE—** \_\_\_\_\_ **(Non Refundable)**

AMOUNT

- ☐ Transfer

**FOR DEPARTMENT USE — MUST COMPLETE**

Date Temp. Permit Issued \_\_\_\_\_

Operator License No. **TVO** \_\_\_\_\_

Amount \_\_\_\_\_

Office \_\_\_\_\_

OFFICE NO. \_\_\_\_\_ DATE \_\_\_\_\_ CASHIER NO. \_\_\_\_\_

Present Operator License Number **TVO** \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_  
FIRST MIDDLE LAST  
Daytime  
Phone No. \_\_\_\_\_

Residence Address \_\_\_\_\_  
STREET CITY ZIP

Driver License No. \_\_\_\_\_

**COMPLETE THIS SECTION FOR CHANGE OF SCHOOL NAME (D.B.A.)/ADDITIONAL SCHOOL D.B.A**

School Name \_\_\_\_\_ TVS License No. **TVS** \_\_\_\_\_

School Address \_\_\_\_\_

Additional School D.B.A. \_\_\_\_\_

Former School Name \_\_\_\_\_

**COMPLETE THIS SECTION FOR CHANGE OF OPERATOR NAME**

Former Name of Applicant \_\_\_\_\_

**COMPLETE THIS SECTION FOR DUPLICATE**

On or about \_\_\_\_\_ my Traffic Violator School Operator's License for TVS \_\_\_\_\_ was:

(LICENSE NUMBER)

- ☐ Lost      ☐ Identification Card Only  
☐ Stolen      ☐ Wall License Only  
☐ Mutilated (must be surrendered)      ☐ Both Wall License/Identification Card

**COMPLETE THIS SECTION FOR TRANSFER**

I request the Department of Motor Vehicles to issue the above-named applicant a license as an operator in my employ. If a license is issued, I will exercise careful supervision over his/her activities while so employed.

New School \_\_\_\_\_ TVS License No. **TVS** \_\_\_\_\_

School Address \_\_\_\_\_

Former School \_\_\_\_\_ TVS License No. **TVS** \_\_\_\_\_

Signature of Owner of New School \_\_\_\_\_ Date \_\_\_\_\_

**I hereby certify under penalty of perjury under the laws of the State of California that all statements made in this application are true and correct.** (Perjury is punishable by fine, imprisonment or both.)

Date \_\_\_\_\_ Signature of Applicant **X** \_\_\_\_\_

**NOTE TO APPLICANT:** Your Operator's Identification Card must be surrendered for transfer applications.

